



VERIFICATION OF OUT-OF-STATE TEACHING SERVICE

State Form 49530 (R4 / 12-06)

Approved by State Board of Accounts, 2006

Indiana State Teachers' Retirement Fund

150 West Market St., Suite 300

Indianapolis, IN 46204-2809

Telephone: (317) 232-3860 or 1-888-286-3544

Fax Number (317) 232-3882

Web Address: <http://www.in.gov/trf>

INSTRUCTIONS

Member: Please complete Part 1 and forward to the out-of-state school system.

Employer: Please complete part 2 and forward to your State's Teacher Retirement Fund.

PRIVACY NOTICE

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send a written request, including your social security number, date of birth, current address and signature. We will mail you the information.

PART 1: TO BE COMPLETED BY THE MEMBER

Name of Teacher (<i>First, Middle, Last</i>)	TRF Account Number (<i>required</i>)
Full Address (<i>Street, City, State, and ZIP code</i>) New Address <input type="checkbox"/>	Maiden/Other name used while teaching
Last Four Digits of SSN	Telephone Number

PART 2: TO BE COMPLETED BY THE EMPLOYING UNIT

The above member is seeking to verify teaching service from your school district for the purpose of establishing retirement credit in this fund. By signing below, you are verifying that the above member was qualified to serve as a teacher in the public school system of your state, or post secondary teaching service performed at a public institution where the teaching service qualified or would qualify in your state's public retirement system.

Name of School Corporation	School Full Address (<i>Street, City, State, and ZIP code</i>)	
SCHOOL YEAR TAUGHT JULY 1 THROUGH JUNE 30	NUMBER OF DAYS TAUGHT THAT SCHOOL YEAR	
Signature of Employing Official	Date Signed (<i>Month, Day, Year</i>)	
Printed Name of Employing Official	Telephone Number	Fax Number

VERIFICATION BY OUT-OF-STATE
RETIREMENT SYSTEM

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 or 1-888-286-3544
Fax Number (317) 232-3882
Web Address: <http://www.in.gov/trf>

*INSTRUCTIONS: Unless otherwise directed, please complete
and return this form to the Indiana Teachers'
Retirement Fund at the above address.*

The person named on the reverse side of this form is an active member of the Indiana State Teachers' Retirement Fund. This person wishes to establish credit for their out-of-state service as reported on the reverse side. Indiana law, under certain conditions, does not permit the purchase of out-of-state service credit by members who are receiving a retirement benefit from another state or who have vested rights to a benefit to be paid at some time in the future. Therefore, to assist us in helping this member establish out-of-state service, would you please answer the questions below that indicate eligibility for retirement benefits from your system. Your assistance is greatly appreciated.

Was the person a member of your state retirement system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the person receiving or entitled to receive a benefit from your State based on this service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this non-contributory service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If contributory service, has the member received a refund of contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicated the date of the refund and the number of years cancelled by refund: Date of refund _____ Number of years cancelled by refund _____		
If the person does not return to teaching in your state, will the person be eligible to receive a benefit from your system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this person have credit in your system for employment from another state? If so, please indicate the State(s) and year(s) below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your system have a restriction against using vested service in your system to qualify for a benefit in Indiana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please correct or complete the number of days taught if reported in error or left blank by the employing unit. (See reverse side of this form for details supplied by the employing unit.)

Comments: _____

Signature of Official		Title
Name of Retirement System		
Address (Street, City, State, Zip)		
Area Code and Telephone Number:	Fax Number	Date (Month, Day, Year)